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S. No. 2
4-5-42
5-17-39
1 X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12729

LED MAY 7 1943 318

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 4019

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 2 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4537 Shaw Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sarah Norman Salzman
3. (b) If veteran, name war..... NA
3. (c) Social Security No. 492-16-2689

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28,
year 1943 hour 10:50 minute P. M.

4. Female 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife..... Frank A. Salzman alive 9 years
6. (c) Age of husband or wife if
7. Birth date of deceased Feb. 23rd 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27, 1943 to April 28, 1943;
that I last saw her alive on April 28, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 2 5 hr. min.

Immediate cause of death.....
arteriosclerotic heart disease & aortic stenosis
Due to.....
lung infarct
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... Woodhull N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation..... worker

11. Industry or business..... White Line Laundry

12. Name..... Elisha Taylor Putnam

13. Birthplace..... unknown
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary E. Teachman

15. Birthplace..... unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Frank G. Salzman

(b) Address..... 4537 Shaw Blvd.

17. (a) Cremation (b) Date thereof..... 5-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... no. Crematory

18. (a) Signature of funeral director..... J. F. Prebeck
(b) Address..... 4228 La. Highway Blvd.

19. (a) APR 29 1943 (b) Registrar's signature.....
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... as above
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) - Means of injury.....

23. Signature..... Drew M. Petersen (M. D. or other)
Address..... 1515 Lafayette Avenue Date signed..... 11/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.